

ST2-AP-EPA3 – Anorexia nervosa 2

Area of practice	Adult psychiatry (Eating disorders)	EPA identification	ST2-AP-EPA3	
Stage of training	Stage 2 – Proficient	Version	v0.4 (EC-approved 24/07/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	Assess and manage a patient with anorexia nervosa presenting in a severely underweight state.			
Description Maximum 150 words	The trainee will be proficient in assessing and in developing a management plan for a patient with anorexia nervosa who presents in a state of severe malnutrition and low weight in which their physical welfare is at risk. The trainee will be able to assess their physical state and ensure appropriate medical interventions are put in place to improve their physical health. The trainee will develop an appropriate risk management plan and engage the patient in interventions aimed at restoring their weight to a safe level.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	
	COM	1, 2	SCH	
	COL	1, 2, 3	PROF	1, 2
	MAN			
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Knowledge of the diagnostic features of anorexia nervosa. • Physical effects and sequelae of extreme malnutrition and how to assess and identify these, including history, physical examination and laboratory tests. • Theories of the underlying psychopathology of anorexia nervosa. • The role of interpersonal and psychological factors in predisposing and perpetuating anorexia nervosa. • The principles of medical resuscitation of a person with severe malnutrition. • Evidence-based biological and psychological interventions in anorexia nervosa. • Evidence base that informs decisions about admission vs community management of anorexia nervosa. <p>Skills</p> <ul style="list-style-type: none"> • Comprehensive diagnostic and biopsychosocial assessment. 			

	<ul style="list-style-type: none"> • Proficient risk assessment of a patient who is severely underweight, including consideration of factors regarding the use of the mental health Act, parenteral feeding and management by a medical vs psychiatric team. • Proficient aetiological formulation of biopsychosociocultural factors involved. • When appropriate, proficient assessment of the quality and nature of family relationships and how they influence the illness in the patient. • Development of a management plan that aims to restore the patient to a medically safe weight. • Development of a longer-term management plan to assist the patient to maintain a medically safe weight. • Ability to liaise with other agencies and staff involved in supporting the patient (eg. medical team, dietitians, general practitioners, etc.) and integrate elements of multidisciplinary care. <p>Attitude</p> <ul style="list-style-type: none"> • Ethical and professional approach to the patient and to family/carers when appropriate. • Balancing the respect for autonomy vs the need to protect from harm in clinical decisions regarding coercive care. • Collaborating with the patient and their family/carers in all aspects of care, as appropriate. • Nonjudgmental approach to communication with the patient and with others involved in their care.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Observed Clinical Activity (OCA) – in which the trainee undertakes a comprehensive assessment of a patient presenting with severe anorexia nervosa which required medical stabilisation or resuscitation (after patient is stabilised). • Mini-Clinical Evaluation Exercise. • Case-based discussion. • Direct Observation of Procedural Skills (DOPS) – Direct observation of the trainee undertaking a physical examination of a severely underweight patient with anorexia nervosa.
<p>References</p> <p>HAY P, CHINN D, FORBES D et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. <i>Aust NZ J Psychiatry</i> 2014; 48: 977–1008.</p> <p>TREASURE J. <i>A guide to the medical risk assessment for eating disorders</i>. London: King's College London, 2009. Viewed 28 November 2014, <www.kcl.ac.uk/ioppn/depts/pm/research/eatingdisorders/resources/GUIDETOMEDICALRISKASSESSMENT.pdf>.</p> <p>THE ROYAL COLLEGES OF PSYCHIATRISTS, PHYSICIANS AND PATHOLOGISTS. <i>MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa</i>. London: RCPsych, October 2014. Viewed 28 November 2014, <www.rcpsych.ac.uk/files/pdfversion/CR189.pdf>.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar